CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M.D., Director

Weekly Bulletin

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WHOOPING COUGH PREVENTION IS PARENTAL RESPONSIBILITY

There were 9673 cases of whooping cough reported in California last year. The year 1927 brought 7500 cases, and in 1926 there were 3518 cases reported. The greatest number of cases of this disease ever reported during a single year occurred in 1925, when more than 10,000 cases were reported. There were 164 whooping cough deaths in 1926 and 195 such deaths in 1927. Nearly all of these deaths occurred among children under one year of age. It is unfortunate that whooping cough is not regarded generally as a serious disease. There is no communicable disease, with the possible exception of diphtheria, which exacts a heavier toll among very young children. Furthermore, the after effects of whooping cough are fully as disastrous as the after effects of diphtheria, if not more so. Many cases of tuberculosis have their beginning in whooping cough acquired during childhood. The responsibility for the control of whooping cough rests very largely upon the parents, since large numbers of cases of this disease never come to the attention of any health authorities. If mothers, universally, were to protect very young children from exposure to whooping cough, a large number of cases of illness, invalidism and death might be prevented. It is unfortunate that more than 350 California children should sacrifice their lives to whooping cough during the period of two years. This does not tell the entire story, however, for the 10,000 children who suffered from this disease in the past two years are more than likely to suffer from the after effects of this disease throughout their whole lives. If parents, universally, were to regard whooping cough with as great a degree of seriousness as they consider diphtheria, much greater progress might be made in its control.

CERTIFICATION OF BACTERIOLOGICAL LABORATORIES

Dr. W. H. Kellogg, Chief of the Bacteriological Laboratory of the California Department of Public Health, makes the following comment relative to certification of bacteriological laboratories in his biennial report:

"It is now five years since the State Board of Health authorized the director of the State Hygienic Laboratory to proceed with the inauguration of a system of inspection and certification of diagnostic laboratories, both public and private or governmental and commercial.

In the absence of any law specifically providing for such work, the scheme was to be entirely voluntary on the part of the laboratories participating. It is true that the board possibly has authority under section 2979*a* of the Political Code to inquire into the diagnosis of communicable disease by laboratories, but this authority would be subject to court rulings and anyway it seemed to the board that a voluntary plan might possibly accomplish as much if not more than a specific law on the subject.

After all, the improvement of laboratory service is more a matter of bringing about a better understanding on the part of physicians in general of the shortcomings of much of the laboratory service at their disposal. Those members of the profession who are engaged in laboratory diagnosis know only too well to what extent their nonlaboratory colleagues are at the mercy of incompetent laboratorians. With no restriction whatever on the establishment of a diagnostic laboratory by any layman who by reason of a brief sojourn in some type of laboratory considers himself or herself a skilled technician, many laboratories have sprung up and are receiving the support of the med-

ical profession. Board of health laboratories are sometimes in the hands of technicians of this sort when appointed for political reasons.

This department has been in a peculiarly favorable position to observe the alarming extent of incompetent laboratory service in California. That the need for long and careful preparation on the part of technicians is not appreciated by many physicians is evidenced by the large number of office nurses who are running laboratories in a corner of the office of their employers. Occasionally I receive a request from a physician that I take his office girl into the laboratory for a couple of weeks in order that she may learn how to do Wassermann tests, etc. These men do not stop to think or they would realize that while a girl may be taught to do a Wassermann test mechanically in a couple of weeks, she will have no understanding of the principles of immunology involved and will be as competent in serology as the untrained and ignorant midwife would be in the presence of a serious case of dystocia. The fact of the matter is that a competent laboratorian requires as much preparation in the basic sciences as does the practitioner in any other specialty of medicine. It was this knowledge of the laboratory situation that brought about the inauguration of the system of approval of laboratories. The display of the certificate of approval by certain laboratories and its absence from the walls of others has undoubtedly had a favorable educational influence with physicians.''

SMALLPOX IS MORE PREVALENT

Reference to the morbidity reports published in recent issues of the WEEKLY BULLETIN show the increased prevalence of smallpox in certain sections of the state. Several years have elapsed since the occurrence of an intensive outbreak within a restricted area of the state and the appearance now of epidemics in localities where there are large numbers of non-immune persons is to be expected. The report of the director of this department in the last biennial report makes the following statement regarding the control of smallpox:

> While smallpox still exists in California, its reduced prevalence during the last biennial period is conspicuous. Undoubtedly the decreased numbers of cases and deaths of this most easily preventable disease are due to the fact that more individuals have been rendered immune by means of vaccination during preceding years. The repeal of the compulsory vaccination act has had nothing to do with the reduced prevalence of the disease. In fact since the vaccination act was repealed more cases of the disease, in more virulent form with a higher mortality, have occurred. The merits of vaccination are so well known that there can be no excuse for any individual who desires to be safeguarded against smallpox not to take advantage of the sure protection that vaccination affords. There is a growing opinion within the state that the responsibility for protection against smallpox rests with the individual rather than with the community. To be sure the physician has a certain responsibility in this matter and every physician should make certain that all of his patients have been immunized against the disease. There is no occasion, however, for any animosity to exist. If an individual desires to be made immune against this disease he can secure this safeguard to his health at little or no cost. If he desires to take chances of contracting the disease he may do so. The responsibility is that of the individual more than it is that of the community.

DEAFNESS IN CHILDREN RECEIVES MORE ATTENTION

A report entitled ''The Deafened School Child'' has been issued recently by a joint committee on health problems in education of the American Medical Association and the National Education Association, with other organizations cooperating. Dr. Thomas D. Wood, of New York City, is chairman of the committee, and the report was prepared under his supervision. Since there are 3,000,000 children in the United States who have measurable hearing defects, the matter of educating these children and correcting their hearing defects is one of great importance. The audiometer, a device by which the hearing of large groups of children can be measured simultaneously, is of great value in this work, which is carried on in several California cities. Dr. J. J. Sippy, health officer of the San Joaquin Health District at Stockton, has recently made use of this group method of testing the hearing of school children.

These tests serve a double purpose. They indicate those children whose hearing defects may be correctable and also those whose severe hearing losses point to the necessity of lip reading instruction. Concerning this the report states:

> It is assumed that the deafened children have been rated according to their hearing by one of the various methods. The school records of all the deafened children should also be examined to determine the possible retarding effect of the hearing loss. Those children with severe hearing losses should be the first chosen for lip reading classes. In the selection of children for lip reading classes from those only slightly deafened, the best criterion is the retardation of the child or the manifestation of the nerve strain often characteristic of even a slight degree of deafness. Any deafened child whose retardation is greater than the average retardation of normal hearing children should be placed in the class for lip reading training.

MARKED EGGS KEPT AT STANDARD QUALITY

A recent check of grocery stores throughout the San Francisco Bay region indicates that most eggs offered for sale are of legal standards with regard to weight and quality. This check was made in Berkeley, Oakland, San Jose, Sausalito, San Rafael, Santa Rosa, Sebastopol and Healdsburg. Similar investigations in other parts of the state indicate that very few eggs offered for sale are below the legal standards required. Under the law, eggs must be properly labeled and the weight for each dozen must be at least 24 ounces.

TUBERCULOSIS RATES ARE LOWER

The last biennial period brought the lowest tuberculosis mortality rates that have ever been attained within the history of California. In 1926 the state mortality rate was 140.3 per hundred thousand population, and in 1927 it was 140.7 per hundred thousand population. There were 5794 deaths from tuberculosis (all forms) in 1926 and 5960 such deaths in 1927. In 1906 the tuberculosis mortality rate was 235.7 per hundred thousand population. The difference in these rates indicates the tremendous progress that has been made in tuberculosis control in California.

The report of the Bureau of Tuberculosis published in the department's biennial report gives extensive information relative to the marvelous results that have been obtained in California in bringing this communicable disease within bounds. To be sure, the California tuberculosis mortality rate is exceptionally high. In fact, there are only one or two states that have higher tuberculosis mortality rates than California. This is the penalty that we pay for having an enviable climate. Large numbers of advanced cases of tuberculosis are imported into California each year. About 7 per cent of all tuberculosis deaths in California, annually, are in persons who have lived within the state for less than one year and about 23 per cent of all tuberculosis deaths in California, each year, are in persons who have lived within the state from one to four years. Excluding the deaths of nonresidents, California has a tuberculosis mortality rate that is highly favorable. Such rate, in fact, is lower than the average rate in other states.

The Bureau of Tuberculosis has accomplished a large amount of work in the discouragement of migration of the tuberculous in other states whose cases are so advanced that there can be no hope of recovery, as well as the migration of those tuberculars who have not sufficient means to enable them to live in California for at least a year. The burden of caring for nonresident tuberculosis cases among indigents has fallen particularly heavy upon the counties of southern California. An educational campaign among physicians of eastern states has been carried on in the hope that physicians might be discouraged in the practice, which has been so common, of sending hopeless advanced cases to this state only to have them die shortly after their arrival. This campaign has borne fruit to a certain extent, but advanced cases still pour into California in vast numbers.

The Bureau of Tuberculosis has also accomplished considerable work in deterring the migration of tuberculous Mexicans into California. Los Angeles County, for example, has spent enormous sums of money in the care and treatment of nonresident tuberculous Mexicans. It would seem that the control of this situation lies within the province of federal immigration authorities and in the coming years there should be intensive action to check the passage of hordes of tuberculous Mexican laborers into this state. While it is probable that California will always have a high tuberculosis mortality rate, because of the fact that it is impossible to completely check the migration of the tuberculous to this enviable portion of the Pacific coast, it is certain that a great deal more can be done to keep this migration within bounds.

TRIBUTE TO WORK OF PHYSICIAN AND NURSE

The Commissioner of Health at Dayton, Ohio, Dr. A. O. Peters, recently made the following appraisal of the work of physicians and nurses among the needy:

> Of all relief agents or agencies, the visiting nurse probably enjoys the greatest confidence and gratitude from the needy. The visiting nurse's work, along with that of the district physician, opens the door to the very heart of needy families' most pressing problems.
>
> Of all misfortunes, sickness is one of the most depressing. Couple sickness with hard, grinding proverty and mix the whole mess with a deep realization of the hopelessness of it all, then the condition is certainly most pitiable. Into this depressing situation the nurse comes with the physician, bringing a much more hopeful and sustaining influence than any other material relief. The nurse and doctor dispense with all red tape and thus are able to get into the confidence of the family. Needy persons often will confide in the nurse more fully than to any other relief agency.
>
> The most poorly paid of all public employees, the least complaining of all, the public health nurse is one of the greatest assets of a city administration.

NURSES MUST RENEW CERTIFICATES

In order to maintain her status as a registered nurse it is necessary for each nurse to renew her certificate before March 1st of each year. Each certificate that is not renewed by March 1st will expire. Applications for renewal, accompanied by the fee of one dollar, should be sent to the Bureau of Registration of Nurses, P. O. Box 1159, Sacramento. The provision for the annual renewal of the certificate became effective in 1922. Any nurse who has allowed her registration to lapse must send a fee of one dollar for each year that the certificate has been permitted to lapse. Only the names of registered nurses whose certificates have been renewed will be published in the 1929 directory of nurses, which will be printed next month. Any nurse whose certificate has lapsed is not a registered nurse.

MORBIDITY *

Diphtheria.

61 cases of diphtheria have been reported as follows: Oakland 4, Contra Costa County 4, Calexico 1, Kern County 1,

* From reports received on February 18th and 19th for week ending February 16th.

Los Angeles County 1, Long Beach 2, Los Angeles 18, Montebello 1, Pasadena 1, Redondo 1, San Gabriel 1, Santa Monica 4, Whittier 2, Bell 1, Merced County 3, Fullerton 1, Sacramento 4, San Diego County 1, San Diego 1, San Francisco 6, San Luis Obispo County 1, San Jose 1, Tulare County 1.

Scarlet Fever.

368 cases of scarlet fever have been reported, as follows: Alameda County 4, Alameda 20, Berkeley 11, Oakland 21, San Leandro 1, Chico 1, Colusa County 1, Contra Costa County 3, Fresno County 2, Fresno 7, Reedley 1, Humboldt County 2, Eureka 2, Kern County 9, Bakersfield 1, Los Angeles County 20, Covina 1, Glendale 3, Long Beach 1, Los Angeles 58, San Fernando 6, San Gabriel 1, San Marino 1, Whittier 1, Torrance 1, Hawthorne 2, South Gate 1, Bell 3, Madera County 2, Marin County 2, Merced 2, Monterey County 2, Orange County 1, Santa Ana 1, Riverside County 3, Riverside 5, Sacramento 25, Hollister 4, Redlands 1, San Diego County 1, San Diego 21, San Francisco 41, San Joaquin County 6, Lodi 1, Stockton 11, San Mateo County 1, Redwood City 1, San Bruno 1, Santa Clara County 2, Gilroy 11, Morgan Hill 2, Palo Alto 4, San Jose 8, Redding 1, Benicia 1, Sonoma County 13, Petaluma 3, Stanislaus County 1, Tuolumne County 1, Sonora 4.

Measles.

58 cases of measles have been reported, as follows: Alameda 2, Hayward 1, Oakland 1, Fresno 1, Calexico 2, Los Angeles County 4, Beverly Hills 1, El Monte 1, Los Angeles 13, Montebello 1, San Gabriel 1, Monterey County 2, King City 5, Anaheim 1, San Diego 4, San Francisco 2, Lodi 1, San Mateo 1, Santa Barbara 10, Vacaville 3, Trinity County 1.

Smallpox.

59 cases of smallpox have been reported as follows: Alameda County 2, Berkeley 6, Oakland 7, Humboldt County 4, Eureka 12, Los Angeles County 7, Los Angeles 1, Redlands 1, Stanislaus County 6, Tehama County 5, Trinity County 1, Tulare County 2, Porterville 2, Visalia 3.

Typhoid Fever.

9 cases of typhoid fever have been reported, as follows: Hayward 2, Oakland 2, Los Angeles 2, San Diego 1, Stanislaus County 2.

Whooping Cough.

168 cases of whooping cough have been reported, as follows: Berkeley 3, Oakland 13, San Leandro 11, Contra Costa County 4, Hanford 4, Los Angeles County 11, Alhambra 6, Azusa 1, El Monte 4, Glendale 7, Long Beach 3, Los Angeles 27, Pasadena 2, South Gate 5, Maywood 4, Orange County 1, Anaheim 4, Fullerton 2, Santa Ana 1, Placentia 1, Sacramento 3, Redlands 1, San Diego County 2, National City 4, San Diego 10, San Francisco 10, San Joaquin County 2, Lodi 1, San Luis Obispo County 2, Daly City 1, Santa Barbara 5, Santa Clara County 2, San Jose 4, Stanislaus County 3, Corning 4.

Meningitis (Epidemic).

16 cases of epidemic meningitis have been reported, as follows: Oakland 2, Pittsburg 1, Humboldt County 1, Compton 1, Long Beach 1, Los Angeles 3, Sacramento County 1, Sacramento 1, San Francisco 5.

Poliomyelitis.

Placer County reported three cases of poliomyelitis.

Food Poisoning.

Los Angeles County reported ten cases of food poisoning.

COMMUNICABLE DISEASE REPORTS

Disease	1929 Week ending Jan. 26	1929 Week ending Feb. 2	1929 Week ending Feb. 9	1929 Reports for week ending Feb. 16 received by Feb. 19	1928 Week ending Jan. 28	1928 Week ending Feb. 4	1928 Week ending Feb. 11	1928 Reports for week ending Feb. 18 received by Feb. 21
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	3	0	0	0	0	0
Chickenpox	276	381	446	478	515	465	592	515
Diphtheria	83	67	79	61	168	146	130	109
Dysentery (Bacillary)	0	0	0	0	1	2	4	0
Encephalitis (Epidemic)	1	1	4	0	1	1	0	0
Food poisoning	0	2	0	10	2	0	0	0
German Measles	13	21	38	41	239	301	333	361
Gonococcus Infection	127	160	127	85	98	97	120	102
Hookworm	0	0	1	1	0	0	0	0
Influenza	251	186	171	244	41	59	57	56
Jaundice (Epidemic)	0	1	1	0	0	0	2	0
Leprosy	0	0	0	0	1	0	0	0
Malaria	0	0	0	1	0	0	0	15
Measles	29	81	66	58	108	134	151	146
Meningitis (Epidemic)	20	18	17	16	8	4	10	8
Mumps	267	230	262	307	180	218	269	244
Ophthalmia Neonatorum	1	1	3	0	0	0	1	1
Paratyphoid Fever	2	0	0	0	0	0	0	0
Pellagra	0	1	1	0	1	0	0	0
Pneumonia (Lobar)	67	60	77	95	147	103	103	76
Poliomyelitis	3	1	4	3	5	17	13	7
Rabies (Animal)	12	21	11	7	19	19	18	18
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	353	371	354	368	246	226	189	247
Smallpox	45	69	103	59	26	39	50	18
Syphilis	175	170	163	160	169	167	119	155
Tetanus	0	1	1	0	0	0	2	0
Trachoma	2	4	1	1	6	10	2	5
Trichinosis	0	0	0	0	3	2	0	1
Tuberculosis	217	276	260	227	309	229	181	164
Typhoid Fever	9	6	7	9	8	14	4	13
Whooping Cough	187	198	179	168	126	115	156	157
Totals	2,140	2,327	2,379	2,399	2,427	2,368	2,506	2,418

Influenza shows a rather sharp increase.

Epidemic meningitis remains high, as also does scarlet fever.

Smallpox it too prevalent.

Diphtheria is at low stage.

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